

State of New Hampshire Racing and Charitable Gaming Commission 57 Regional Drive, Unit 3, Concord, NH 03301-8530 Telephone (603) 271-2158 Fax (603) 271-3381

State Revenue Invoice for Games of Chance

Name of Charitable Organization: Organization's ID Number: Game Date: Game Operator Employer:	
Please complete the following information:	
3% of games where chips have no monetary value: (Amount from Line 1b of the Financial Report)	\$
10% of games where chips have monetary value and (Amount from Line 2b of the Financial Report)	a rake: \$
10% of games where chips have monetary value and (Amount from Line 2d of the Financial Report)	no rake: \$
Total Amount Due to the NH Racing and Charitable (Amount from Line 3b of the Financial Report)	Gaming Commission: \$
combine game dates on any single check. **Note: Purs	c. Please submit only one check per game date and please do not suant to RSA 287-D:3, IX and X, please submit completed form o: New Hampshire Racing and Charitable Gaming Commission, ncord, NH 03301
Signature of Treasurer/Designee (Date)	OR Signature of Primary Game Operator (Date)
Print Name of Treasurer/Designee	License #:
	idavit s where a game operator has been hired) ification pursuant to RSA 641:3, that:
employed by the game operator or the 2. I was present for the Games of Chancand and departed at	ce that was held on (*game date inserted here). I arrived at
 I observed our charitable organization I met with the primary game operator game operator), license # 	n's name posted as the beneficiary of the event. r on duty who was (name of
Signature of Treasurer/Designee (Date)	Signature of Primary Game Operator (Date)
Print Name of Treasurer/Designee	Print Name of Primary Game Operator